HEALTH SCIENCES ASSOCIATION | OCT / NOV 08 | VOL. 29 NO.4

THE Report

LEARNING TO ADVOCATE

DEVELOPING AND SHARING IDEAS FOR A BETTER WORKPLACE

Speak up now, while you still can

by REID JOHNSON

Gordon Campbell just wants you to shut up BC. That was the message unions delivered through advertising when the B.C. government introduced Bill 42, the election 'gag law' that limits organizations' ability to comment on government's actions.

"The legislation effectively muzzles discussion about the throne speech, the budget, and any other government action for the three months preceding the May 2009 provincial election. Bill 42 changes the definition of third party advertising to include "an advertising message that promotes or opposes, directly or indirectly, a registered political party… including an advertising message that takes a position on an issue with which a registered political party or candidate is associated."

Take a moment to read that again. Yes. The legislation limits advertising about an issue with which a registered political party or candidate is associated.

Want to talk about health care? Want to talk about public sector bargaining? Want to talk about education? Want to talk about the economy? You can. Just a bit.

Bill 42 limits any spending on public interest communication for a full three months before the election. Public advocacy organizations, environmental groups, unions and others will have their ability to print materials or buy advertising limited to $3,000 in a riding or $150,000 in total from mid-February to after May, 2009. While $150,000 may sound like quite a bit, in reality, one newspaper ad across the province would eat that budget up. And advertising is one of the few ways third parties can get their message out.

"So what?" you might say. There are other ways besides advertising campaigns to keep government informed and accountable. There is debate and discussion in the legislature.

Reid Johnson, HSA president

Except, this fall, the government shut down the legislature. It cancelled the scheduled sitting of the legislature. No question period. No discussion about the important issues that government should be acting on.

The obvious message from Bill 42 and the cancellation of the legislative sitting is government doesn't want to hear from you. And it doesn't want to hear from the opposition.

Not so, Premier Gordon Campbell says. By shutting down the legislature, that means MLAs have more time and opportunity to hear from their constituents.

So get out there and talk to them.

Call your local MLA, make an appointment to see her or him, and make sure that your elected representatives know what is going on in your workplace and in your community and that you need your government to address the issues that matter to you. R

Reid Johnson is president of the Health Sciences Association of BC.

contents

16
UNION EDUCATION INSPIRES AND INVIGORATES

NEWS

DEPARTMENTS

COLUMNS

THE FRONT COVER

Community social service workers play a crucial role in maintaining a healthy, safe, vibrant society

Publications mail agreement no. 4000 6822
Return undeliverable Canadian addresses to database department
Suite 300, 5118 Joyce Street
Vancouver BC V5R 4H1

News

Moves, new hires and changes at HSA

A walk through the two floors of offices at HSA's Vancouver location reveals several new faces and some long-time staffers who have taken on new roles.

Here's a brief introduction to some of the staffing changes, with an outline of their background and responsibilities at HSA:

Dawn Adamson: membership services coordinator

Dawn Adamson

Dawn's career with HSA began in 1986, when she started working as a medical laboratory technologist I; eventually specializing in the blood bank laboratory. As a member, Dawn was very active in the union as a steward and member at large, taking part in HSA committees, steward training programs, workshops and conferences sponsored by HSA and outside affiliated organizations.

Her role as a steward and activist in the union changed in September 1992, when Dawn became a casual labour relations officer, filling temporary LRO vacancies. She became a full-time LRO the following September and has continued working on behalf of the membership since then in the area of servicing and intake labour relations

"I really enjoy working with members," says Dawn, "A big part of my job satisfaction stems from achieving justice for members."

Dawn's new position, as membership service coordinator, began in February 2007. She supervises the general servicing labour relations officers and coordinates activities related to collective agreement bargaining and enforcement of HSA collective agreements.

"I get to work with a talented group of LROs and together we work to advance the interests of members through negotiation and the grievance procedure. I work to ensure member issues and grievances get a best possible resolution by making sure LROs have what they need to get the job done."

Dennis Blatchford: pensions and benefits advocate

Dennis Blatchford

Dennis has been with HSA since 1997, bringing with him a long history within the labour movement. A director at the BC Federation of Labour for many years, Dennis began his HSA career as executive assistant/human resources coordinator.

Dennis recently accepted a new position as pensions and benefits advocate. Dennis has considerable experience in pensions, having served for many years as a municipal pension plan trustee. His knowledge of pension policy, the pension system and his extensive experience in labour relations will be invaluable as the union develops this new position to serve the members.

Jessica Bowering: lawyer, legal services

Jessica joined HSA in October 2007, bringing with her many years' experience as a union labour lawyer.

At the time, she was a partner in a boutique firm that specialized in union labour law with a focus on construction labour law.

Jessica graduated from Dalhousie Law

Jessica Bowering

School and articled at Arvay, Findlay in Victoria. She also clerked with the BC Court of Appeal.

Jessica says her position with HSA, which is permanent, has been very personally and professionally enjoyable.

"The obvious difference is the workload and hours, which are much more reasonable here," she says. "I also feel that I have a bigger investment here, a bigger stake in the overall success of the organization. As well, the work that HSA members do is quite interesting – it's a big perk when the facts aren't too dry."

Benson Ho: senior labour relations officer

Benson Ho

Benson was working for Washington Marine Group on the labour relations side when he was hired by HSA in April 2008. He began his labour relations career at HEABC, where he started in the research department and moved on to join the bargaining team for the 2004-2006 agreement. He continued as a labour relations officer and compensation consultant at HEABC before moving to the Provincial Health Services Authority. At PHSA, Benson was an LR specialist on the Health Science Professional Agreement.

Benson earned a Master of Science in Labour and Industrial Relations from West Virginia University in 2003, after graduating from the Accounting and Management Information Systems program at UBC in 2000.

Originally from Port Alice, Benson now represents HSA members on Vancouver Island and says that it's going very well.

"It's getting busy, but it's really great to get out to the island and meet members at the various sites," says Benson.

Stephen Hutchison: advocate, legal services

Stephen Hutchison

Stephen started working for the union in January 2008 as in-house counsel. His legal background work experience includes a year as in-house counsel with the IWA and with Ralston and Associates, a firm specializing in criminal law. Prior to starting his legal career, Stephen worked for the Ministry of Labour (Employment Standards Branch) as an information officer.

A graduate of McMaster University and the University of Victoria, Stephen is also a past director of the Social Planning and Research Council of British Columbia.

Rebecca Maurer: director of human resources and organizational development

Strategist, external relations specialist, human resources expert and project manager – Rebecca Maurer will do all of this and more with her move from communications into administration. With more than a decade of experience at HSA managing the communications department, Rebecca brings a lot of

Continued next page

News

Rebecca Maurer

talent to a very challenging new position.

Rebecca, a former ministerial assistant to Health Minister Joy MacPhail, joined HSA in 1998 as director of communications. During her tenure, the communications department has developed into a critical element in the union's structure. By coordinating education, mobilizing, strategic communications and government relations expertise, the department has supported members' objectives to increase the profile of HSA members' work, and awareness about the issues facing health science and social services professionals.

Among many other projects, Rebecca conceived and oversaw the development of the union's successful Constituency Liaison program, which has served to increase decision-makers' understanding of the role of health science professionals in the health care team, as well as highlight other important issues with elected representatives, thanks to the development of working relationships between HSA members and MLAs.

"HSA now has a staff of 70 and is confronting many of the same issues facing the organizations we represent, such as an aging workforce," says Rebecca. "The union gives staff a lot of opportunity to grow and develop. They listen to ideas, and as a result, they've attracted a range of very knowledgeable, dynamic people."

Miriam Sobrino: director of strategic communications and member development

Miriam Sobrino

Taking over the responsibility of director of strategic communications and member development is Miriam Sobrino, who joined the union staff in 2001, directing public and member communications throughout HSA's challenging bargaining campaigns in 2001.

For the past several years, she has supported the union's communications campaigns, including media relations, overseeing editorial content of *The Report* and supporting members in developing communications expertise. She is a former director of communications at the B.C. Federation of Labour and communications officer in the provincial government, and spent 10 years as a reporter and editor at Metro Vancouver community newspapers. She is a graduate of UBC and the Vancouver Community College journalism program.

Owen Soroke: manager, information management services

Owen's current permanent position began in March 2008, following a one-year temporary appointment as the records administrator during a maternity leave.

Owen also owns a small independent software company that develops the IScribe document archival software that HSA purchased in 2004. Though it was his first contact with HSA, Owen had been working with unions from an IT perspective since 2002.

Owen oversees IT functions, records management and database/web projects in addition to rationalizing and controlling the IT budget. He analyses workflow and talks to users before the union purchases any new equipment – all with a view to making sure he is anticipating needs well into the future.

Owen is a graduate of Malaspina University College (now VIU) and worked for New Horizons, a technical training centre. A founder of Radio Malaspina and Pier Magazine, Owen is eager to lead and organize many new initiatives in his department at HSA under the direction of HSA's executive director of operations, Susan Hagland.

Owen Soroke

"My position here allows me to work with a much larger budget. There are ways we can streamline processes. We have lots of plans over the next few months."

Kim Templeton: senior administrative assistant / human resources assistant

Kim Templeton

Kim started working for HSA in March 2008, just prior to convention. It was a big change from her previous position, working for a child development centre for 13 years.

Kim makes things happen for HSA's executive team. She works with Maureen Headley, executive director, legal services, Rebecca Maurer, director of human resources and organizational development and Susan Haglund, executive director of operations.

"Starting this position just before convention helped bring everything together," Kim says. "I was previously employed at a child development centre working closely with HSA members across various disciplines. I was aware of what a strong, well-respected union HSA was, and decided I wanted to be a part of that, working for an association that advocates for their members."

In addition to her duties for Maureen, Rebecca and Susan, Kim assists president Reid Johnson's assistant, Jaqui Hoffman, and provides back-up for her as needed.

Nancy Tse: researcher

Want to know how much it'll cost to get a wage increase and improved benefits for 700 members over three years? Ask Nancy, HSA's secret weapon during negotiations. Nancy joined HSA in July 2008 on a three-year contract as a costing analyst.

Ten years ago, Nancy, already equipped with an accounting designation from Simon Fraser University, took several HR courses and worked as an HR intern for Parks Canada. She spent the next few years as an HR generalist at two long-term care facilities, before landing at HEABC and PHSA. Her background as a senior corporate financial analyst and researcher for an employer bargaining agent and a health authority is an incredible asset for the union.

Nancy Tse

"My work experience gives me the advantage of an employer's perspective, but I like to see all sides of an issue. I know that what we do [at the bargaining table] involves people, so it's good to get an overview of the whole situation to figure out where the issues and numbers are coming from," Nancy explains.

Karen Whitfield: senior labour relations officer

Karen spent 19 years with the Telecommunication Workers' Union as a business agent. Her role at TWU was a dual one – TWU business agents had both political and members servicing responsibilities.

Intending to retire, Karen spent a year travelling after leaving TWU, but was tempted back into the workforce by HSA in June 2007. She is now using her negotiations and servicing expertise to help HSA members in the East and West Kootenays and in Langley, Surrey and White Rock.

Karen Whitfield

"I really like my role here at HSA," says Karen. "This organization is extremely professional and has good controls in place with a real focus on members."

Also joining HSA to fill temporary vacancies are:

Carole Cameron: senior LRO, classifications

Carole Cameron

Carole started with HSA in June 2008 and her term is indefinite. Carole's work history includes many years as a job evaluation representative for the Canadian Union of Public Employees (CUPE), a labour relations officer for CUPE Local 1004 and a job analyst for both the Hospital Employees' Union and the Trade Union Research Bureau.

Continued page 26

POLITICAL ACTION

HSA activists get political at Summer Institute for Union Women

by BEV PAUSCHE

A record number of women, including seven from HSA, participated in the BC Federation of Labour's (BCFL) 2008 Western Regional Summer Institute for Union Women, held at the University of Victoria July 9-13. The program, designed to increase women's participation in politics, brought together 208 participants from California, Oregon, Washington and British Columbia.

Women Behaving Politically: Organizing for Change was divided into courses and workshops. HSA member Connie Mussell, a supported childcare development assistant and chief steward at the Central Okanagan Child Development Association, took the *member-to-member and labour-to-neighbour* workshop because she believes that getting women out to vote – especially younger women – is crucial.

"We make up 51 per cent of the population, but our impact is far less than that," says Mussell. "I also learned more about how to connect with younger women. I really got a feeling for their issues."

"One woman stood up and she was federally elected, but she was originally a cook. These are things we can all do and we need to be more active. Every woman in the room had the same mindset – that was amazing."

Mussell, who has attended a number of HSA education and training courses related to her position as Chief Steward, says it was great to make a connection with women from so many different backgrounds. She really enjoyed the fact that there was representation from American women.

"We think we have so much to work on, but in many ways we're way ahead of them. They're just across the border, but for example, they only get six weeks' unpaid maternity leave."

The diversity of the women attending was also an important part of the learning experience, explained Mussell.

"We were taking workshops alongside female casino workers, truckers, steelworkers and others. We all have different jobs, yet as women, we all have the same core issues and responsibilities to family and community. The program really makes you more globally aware."

Mussell plans to get more involved in politics by working on election campaigns in her community.

At the opening plenary, keynote speakers Carole James, BC NDP Leader, and Sharon Grosfeld, executive director of the Women's Leadership Forum of the Democratic National Committee (Washington, DC), told the group that women can influence political decisions

through their participation at all levels, from the ballot box to holding elected office.

Well Behaved Women Rarely Make History featured a panel of progressive women in politics, in elected political positions and elected union leadership roles.

Kate Meier, a residential care worker and HSA steward from the South Peace Child Development Centre in Dawson Creek, was among the youngest participants. She says she found the entire experience very empowering.

"One woman stood up and she was federally elected, but she was originally a cook. These are things we can all do and we need to be more active. Every woman in the room had the same mindset – that was amazing."

As a girl, Meier's family was very political, and she recalls that she once dreamed of becoming Prime Minister. Her choice for the workshop component of the institute was *Justice and Fairness for Immigrant, Migrant and Temporary Foreign Workers.*

"It quite appalled me to learn how unequal things are. I met women who shared personal stories and it really helped bring it home for me," says Meier. "My parents were farmers and my father was quite active in his union. I always believed it was important to have a voice for people who don't necessarily have one. I want to see some change at the municipal and higher levels of government."

Meier has already recommended the institute to other women. Sometimes, she says, activists can feel like they're by themselves in the fight for justice. "But this was like a refresher – coming together as a group and sharing our issues, exchanging ideas. It gave me the groundwork to feel confident about what I am doing in my community and in my union."

At the closing plenary, BC Federation of Labour secretary-treasurer Angela Schira announced that five women would be running for political office in upcoming elections. Three of those five future candidates are HSA members. R

At the Women's Campaign School, HSA activists learned how to maximize their participation in the political process. From left: Wendy Morin, Alison Gaul, Kate Meier, Mo Norton, Joan Magee, Brigid Kemp, and Connie Mussell.

PHOTO COURTESY MO NORTON

NUPGE school inspires two HSA leaders

by BEV PAUSCHE

Leaders aren't born, they're made. That's the premise behind a unique program offered annually by NUPGE for union leaders who want to build on their leadership expertise.

For the first time, two HSA board members attended the 10th annual week-long Leadership Development School in Ontario August 23-29, to help steer HSA's strategic direction in an era of privatization and skills shortages in the health care and social services sectors.

Suzanne Bennett, vice-president and Region 1 director, and Bruce MacDonald, secretary-treasurer and Region 3 director, say the experience was well worth it.

"My overall impression was the quality of the presenters was absolutely amazing in terms of their knowledge, wisdom and ability to present," said Bennett. "For me, the best presentation by far was the work done by Elaine Bernard, who dealt with issues of leadership. She talked about and developed two sessions, looking at strategic planning and strategic choice. She taught us in the context of case studies. She took the studies apart, dissected them and created debate and discussion."

Bernard, a Canadian who taught for years in SFU's labour studies program, established a labour school at Harvard. She attends the NUPGE program every year and does not charge for her time.

"I was having a discussion with Elaine one day," relates Bennett. "'Well you know,' she said, 'Leaders are people who talk to everyone, and they're just as comfortable talking to people they know as they are with strangers.'

Suzanne Bennett

"And so I thought, well you know what, that's what I do. So, all week I was having these little epiphanies, and it certainly expanded my whole idea of what governance is. There's a learning process when you're a member of the board. We don't do the day-to-day stuff – the staff very capably do that – we set vision and direction for the union. This whole experience really reinforced my understanding of governance and my role as a leader."

MacDonald, who has experience on union executives in three countries, agreed that the presentations were generally excellent.

"There were a couple of disappointing presenters, but most of them were great. Elaine Bernard provided the micro stuff – changes from servicing models to one focussed on organizing.

"She gave the PATCO (Professional Air Traffic Controllers Organization) strike as an example of how to do everything wrong: how to isolate your union from the rest of the union movement so you don't get the support you need, how to misread the intentions of your opponents and the government, how to let the egos of your individual managers get in the way of doing the right thing for the members and not telling the members the truth about their situation. And of course, that was an absolute catastrophe for that union, which failed as a result."

"The stronger the labour movement, the more assurances that better conditions are negotiated for people."

"In contrast, the Ohio ASME (American Society of Mechanical Engineers) union did some visioning and consultation with different people and worked closely with their components and they were able make a reasonably smooth move from a servicing to an organizing model.

"Those kinds of details helped us compare our situation with what's going on elsewhere."

Unionization enhances democracy

MacDonald says he learned a lot about the rise of inequality and dis-

covered that, unlike the wealth generated in previous boom times, the most recent rise in global wealth has not filtered down to lower income earners. From World War II to the early 70s, rising wealth was shared more equally. Since 1981, rising wealth has gone mainly to the wealthy.

"Linda McQuaig offered a macro perspective. She talked about how rising inequality and a deteriorating sense of democracy go hand in hand with the loss of union representation. And I think that's an argument that can be made worldwide. Where you have weak unions, you have weak democracy."

For MacDonald, who grew up in the US, spent time in Japan and now lives in Canada, the link between the two issues is very clear – and he emphasises that democratic participation involves more than simply going to the polls now and then.

"Democracy is not strictly about elections. If we're able to keep things in the public sphere, then we have more decision-making power – and that to me is real democracy.

"With higher rates of unionization, there are more opportunities for democratic decisions to be made. For instance, we're having an election in Canada and we talk about public health issues because it's a public health system, so we get to make democratic decisions about how our system is going to be – you never see that in the US.

"Stronger unionization here drives that discussion in the direction we want it to go and helps us point out that the neo-conservative notion that private is better than public is not borne out by what we see, and certainly doesn't allow us more choice and democratic control."

MacDonald cites one example McQuaig offered when she talked about the current oil shocks we're facing.

Bruce MacDonald

"Trudeau created PetroCanada in 1975, but it was privatized in 1991; imagine if we had the option, as consumers today, of directing the exorbitant amounts we're obliged to spend on gas into the public treasury, rather than into the coffers of Exxon or Shell."

Bennett says evidence for that link can be found throughout the world, and cites Scandinavian countries, which have an 80 per cent unionization rate.

"My impression was that the stronger the labour movement, the more there are assurances that better conditions are negotiated for people. In Scandanavia, they have free university, universal daycare, and the most amazing programs for seniors. The distribution of wealth in those places is much more equal and they have a say in how those public programs are developed and run."

Lessons learned

Bennett and MacDonald say the program will definitely help them as they address some of the strategic challenges HSA is facing over the next few years.

"Privatization is a real hook of an issue in health care," says MacDonald. "And every presentation at the macro level talked about this issue – and that's something we can talk about strategically to our members, and they'll understand it well because they see the results of privatization every day at work."

"Democracy is not strictly about elections. If we're able to keep things in the public sphere, then we have more decision-making power – and that to me is real democracy."

Bennett says another big issue for HSA is recruitment and retention.

"People are already tired: the constant theme has been 'do more with less' and now there's this renewed pressure for people to stay past their retirement years."

Although these aren't they only major strategic pressures on HSA, both MacDonald and Bennett say the opportunity to step back, bathe in the issues and engage with other leaders was refreshing and inspiring. Both highly recommend the program to others as an opportunity to build leadership within the union movement. R

Groundbreaking report exposes the danger of for-profit health clinics in Canada

BC Health Coalition calls on policy makers to use findings and take action to build capacity in the public system

The BC Health Coalition is calling on politicians and policy makers to act on the findings of a groundbreaking report released in early October and protect British Columbians from an increasingly aggressive group of private investors who are promoting profit-driven health businesses that threaten universal and equal access to care.

CALM GRAPHIC

The report, entitled *Eroding Public Medicare: Lessons and Consequences of For-Profit Health Care Across Canada*, details research findings of 130 for-profit health care companies across Canada selling surgeries, MRIs and access to physician care.

The report presents evidence showing wait times are longest in areas where there is a high number of physicians working in a large number of for-profit, private clinics, as is the case in BC.

"This report should serve as a warning. For-profit clinics are draining resources from the public system and jeopardizing the equality and fairness of medicare," says BCHC researcher Colleen Fuller, who notes that the growth of private for-profit surgical and diagnostic clinics across the country has dramatically increased in the last five years.

"Almost all the for-profit MRI/CT clinics have opened in the last ten years, doubling in the last five years. Almost all the for-profit surgical clinics and two-tier or boutique physician clinics have opened in the last five years," says Fuller.

"It is our hope that the findings of this report will impel policy makers to action, to build capacity in the public non-profit system and protect the great gains in equality, access, fairness and efficiency that are the legacy of our public health system," added Fuller. R

HSA is a member of the BC Health Coalition. See their website for more info: www.bchealthcoalition.ca

Would you prefer to receive all HSA mailings (including *The Report*) via email only? Send a message to memberlist@hsabc.org with your name and preferred home email address.

Include "paperless option" in your subject line.

If possible, please also include your member ID number, which appears on your mailing label on *The Report*.


CALM GRAPHIC

News

CMA still pushing privatization

CALM

The new head of the Canadian Medical Association is aggressively promoting health care privatization by calling for more privately-delivered services and a funding formula that forces public hospitals to compete with each other.

Newly-elected CMA president Robert Ouellet has made it clear the privatization torch is passing seamlessly from his predecessor. Ouellet says "it's time Canada accepted [the] reality" of private, for-profit delivery of health care.

As president of the Quebec Medical Association, Ouellet always supported more privately-delivered care. He operates a string of Montreal-area private diagnostic clinics.

The CMA leadership is also promoting "patient-focused funding," a formula that paves the way for commercialization and competition. Also known as payment by results, activity-based funding and volume-based funding, the funding formula is a ruse for privatization. In most countries where it's been introduced, it brings competition and commercialization and forces hospitals to compete for patients and public dollars.

Canadian Doctors for Medicare founding chair Danielle Martin says adopting the formula means "lower quality, reduced efficiency and higher costs; particularly where it is linked to increase private for profit delivery." Martin and other doctors went before the CMA meeting in August, criticizing the organization's prescription for privatization.

British doctors also have serious concerns about payment by results (PBR) as it's known in the U.K. In Britain, PBR has driven up administrative and overall costs and increased hospital admission rates. The British Medical Association has said PBR leads to "fragmenting care into saleable bits on which profits can be made."

At their recent annual meeting, BMA president Hamish Meldrum called on the Labour government to get rid of the market in health care. "Let's stop pretending that healing the sick is like trading a commodity. Let's stop diverting doctors' energies into unholy bidding wars for jobs they already do," said Meldrum, who attended the CMA meeting.

The BMA position is backed by a recent study finding patients are no better off in a national health care system that's riddled with competition.

CALM GRAPHIC

Just the facts

Statistics Camada/CALM

Here are some quick facts on unions from Stats Canada's annual *Perspectives on Labour and Income.*

The average unionized worker is paid $23.58 an hour while the average non-union worker is paid $18.98.

The majority of union members are now women, which has been the case since 2006. The unionization rate for women (30 per cent) exceeds men's (28.7 per cent)—2.15 million women and 2.07 million men are union members.

Unionized women are closer to achieving pay equity than non-unionized women. Women in unionized full-time jobs average 94 per cent of union full-time men's average ($23.36 versus $24.83). The wage gap is much bigger for non-unionized full-time women who earn only 81 per cent of non-union full-time men's average ($18.16 versus $22.50).

A full-time union worker's average wage is $24.15. Full-time non-union workers average only $20.55.

A part-time union worker's average wage is $19.99. Part-time non-union workers earn dramatically lower pay of $12.56. R

Profession leader advocates for sonographers

by CAROLE PEARSON

"I've had an amazing career," says Cathy Fix, an ultrasound supervisor for Providence Health in Vancouver. "I've been doing ultrasound for 25 years. I've done sales, clinical applications, and some marketing. I've done traveling with it. I've been to places like Bangkok, Indonesia, Malaysia, and the States. For me, it's been an amazing journey. I love what I do."

If she looks familiar, it could be because, a few years ago, her photograph appeared on city buses as part of an HSA ad campaign. "It was hilarious," she exclaims. "My family burst out laughing. I said to them, 'I'm going to be like Carrie Bradshaw from *Sex in the City* and my face is going to be on the side of a bus!"

Fix works at St Paul's Hospital and is a clinical instructor in the radiology department at the University of British Columbia. "It's one of the things I'm very proud of," she says. "This is something that usually only physicians are awarded. There's just three other technologists, that I'm aware of, who are clinical instructors at the university." Fix was nominated and elected to this position. "I'm really proud of this because it was a lot of hard work."

Fix has also taught at the British Columbia Institute of Technology, where she received much of her professional training. After high school, she began training as an x-ray technologist at BCIT and completed her studies at Vancouver General Hospital where she had the opportunity get a little ultrasound training. "It was just starting up in the '70s in Vancouver and I thought the technical part of things looked sort of cool."

Working at UBC as vacation and sick relief, she performed more ultrasounds. "I realized that there's more to this than I thought. I ended up back at BCIT and did my ultrasound training there."

Fix says the best part of her job is working with patients. "I really like the technology because I like computers. I'm sort of 'geeky' that way. But ultimately, I like being in the room with the patients. There's the job satisfaction of having a patient explain some of their health problems and you're able to put those pieces together and sometimes give an answer to their physician."

Cathy Fix
Ultrasound supervisor
Providence Health Care

The current shortage of sonographers is not just a national problem, but world-wide, she says. It is especially noticeable in Canada, Fix explains, because sonographers do most of the scanning and ultrasounds have become a common diagnostic procedure.

"I think the public demand for ultrasound is much more than it was 15 or 16 years ago," says Fix. "For example, it's now considered the standard of care that every pregnant woman receives an 18-week scan. When I started in ultrasound, that certainly wasn't the case."

Unlike some hospitals, Fix says her departments at St. Paul's and St. Joseph's are "well-staffed." Because of the large proportion of women working in health care, she tries to 'overhire' for positions in order to accommodate those people with families who want holidays in the summer or shifts that are compatible with school hours.

"A lot of young women who go into this field are going to have babies," she explains. "They want to be able to have the flexibility of a good job with the vacation time they worked for. They also want to have time for their families." Flexibility is especially important for younger workers, she says, because their generations insist on a balance between work and family life.

"I think a lot of HR departments are finally realizing that this is really important so more part time positions are opening up," she says. "Sure, it costs more money but in the long run, you're going to have a better department to work in." People will be happier and the level of injuries could be reduced with people working fewer hours.

Fix says, "Eighty per cent of sonographers scan with some sort of pain. Out of those, 20 per cent will have career-ending injuries. For someone who really enjoys what they do, it can be a pretty devastating situation."

Lengthier, more difficult procedures are raising injury rates. "Between 20 and 50 per cent of our case load involves technically difficult patients," she says. Higher obesity rates, limited acoustical access and fatty liver disease are causing increased numbers of failed ultrasound exams. This also makes the job more physically demanding and raises the risk of injuries on the job.

Greater mobility within imaging departments could help reduce the risk of repetitive strain injuries. Fix suggests, "We should work together as technologists and if a CT tech wants to do some ultrasound, train them. If an ultrasound tech wants to do an MRI, train them. Allow for that rotation so you're not injuring those joints."

Fix says sonographers can also do their part to prevent injuries. This includes taking scheduled breaks ("I feel very strongly about that!"), doing stretching exercises and getting treatments like massage therapy. "We have great benefits," she says, referring to the collective agreements negotiated by HSA for its members. "Take advantage of those benefits so you're not getting yourself into a situation where you are becoming injured."

Earlier this year, Fix was invited to speak to delegates at the Canadian Diagnostic Medical Sonographers conference in Victoria about research at St. Paul's on three-dimensional imaging of the endometrium. In the past, she has served in executive positions with her professional organizations, but these days Fix prefers lecturing and working with students.

The current shortage of sonographers is not just a national problem, but world-wide. It is especially noticeable in Canada.

"I feel very strongly about supporting the associations I belong to," she says, "so I do a lot of speaking. It's something I enjoy and I'm proud of what I do for a living." R

Committees

EDUCATION COMMITTEE

Union education advances union, professional and personal goals

by BEV PAUSCHE

While most HSA members get intrinsic value from their jobs and don't need to get involved with the union to bring meaning to their lives, union activism opens up a whole new perspective on labour relations and enhances the professional lives of many who get involved.

Many members also report that the skills they pick up at HSA workshops and courses have a positive impact on their personal lives – something that surprises many participants, according to Leila Lolua, HSA's staff representative on the Education Committee.

"Good stewards are well respected by employers because they are able to help resolve issues through discussion and problem-solving, and that adds credibility and respect for HSA as a whole."

"For many people, the experience can be literally transformational," says Lolua. "Most people learn skills that they can use not only at work, but in other areas of their life, and they are amazed at the depth of expertise and in-house resources available through the union."

As caring professionals, the desire to reach out and help others is a strong impulse within HSA. That's a fortunate advantage for the union, because HSA's strength and success is directly tied to the dedication, skills and engagement of its membership. Education plays a major part in the union's power to develop and realize its strategic goals within the workplace, the broader labour movement and society as a whole.

Within HSA, union education is the responsibility of the union's Education Committee, which includes two regional directors, three members-at-large and one staff member. The committee constantly evaluates courses and recommends course offerings to ensure members have access to the most current information and have opportunities to work on current workplace issues

This year, the committee has $450,000 available for steward and activist training.

Union workshops bring members together to learn and share experiences – from all around the province, and from every sector. Mo Norton (left, program support clerk at North Shore Community Health Service) **and Rachel Tutte** (physiotherapist at Holy Family Hospital and Region 6 Director).

Basic training is offered in the Vancouver office over two or three days, depending on the course, and the union is committed to ensuring that every steward who wants training is able to get it.

Basic steward training is offered about five times a year and Basic Occupational Health and Safety Steward Training is offered quarterly. Organizers keep the number of participants low to ensure full opportunities for participation in discussion. About 18 members from all over the province take part in each basic course, and for many of them, it's the first time they've seen the union office in operation.

Lolua explains that knowing the collective agreement is only one aspect of Basic Steward Training — understanding the problem-solving process and exploring the tools available (the collective agreement, regulations and collective strength) are also big components of the program.

"The most effective worksites are the ones where members work together on common concerns," she says. "The best fix is usually the one that happens locally, handled directly by the people involved. People can often get to solutions that don't necessarily involve the use of the formal grievance process."

Lolua believes many members would like to get involved, but some are worried that being an active union member might make the relationship with their supervisor or co-workers difficult.

Continued next page

YUKIE KURAHASHI PHOTO

YUKIE KURAHASHI PHOTO

Are you a new steward needing tools to help resolve conflicts and to advocate for members? an occupational health and safety steward? or an experienced steward looking for advanced skill-building? There's an HSA course just for you! At left, Irene Goodis (left, physiotherapist at Penticton Regional Hospital) **and Thalia Vesterback** (PACS administrator / sonographer at Kootenay Boundary Regional Hospital and Region 9 Director) **take part in a specially-designed workshop for activists.**

Continued from previous page

"A lot of people think that the relationship between the steward and the employer is inevitably one of conflict and disagreement," says Lolua.

"What we've found is that good stewards are well respected by employers because they are able to help resolve issues through discussion and problem-solving, and that adds credibility and respect for HSA as a whole."

"It's sad when people endure poor working conditions and violations of their rights instead of using the tools available to them," says Lolua. "When people work together, there are more resources available to work on the often complex issues we deal with."

"Appreciated knowledge sharing from labour relations officers, support, expertise of presenter, excellent food and variety of topics."
— *workshop participant*

Part of the committee's role includes keeping the content fresh and relevant, so many people take courses more than once to refresh their knowledge. Labour law and the application of certain principles of interpretation changes quite rapidly.

Lolua cites the duty to accommodate – the obligation to meaningfully incorporate human rights into the workplace – as an example of something that did not exist 15 years ago, and continues to evolve. "We now include discussion about duty to accomodate in basic and advanced contract interpretation workshops," she says.

The union offers several advanced training courses as well. Over time, regional meetings evolved to include a full day of education, and workshops attached to HSA's annual convention that offer content driven by identified need from stewards and labour relations staff.

HSA is also offering an advanced health and safety conference with content designed specifically to address health and safety issues within the community social services and health care sectors. The conference is a first for HSA and the response from HSA safety stewards and activists has been enthusiastic.

HSA also supports members who want to attend other labour-sponsored educational opportunities for activists, including the Canadian Labour Congress winter school, the

BC Federation of Labour summer and regional institutes and NUPGE education conferences.

"The main thing members need to take union steward courses is to have the authority from the members in their chapter – they need to get elected at a chapter meeting held before the end of each year, and it helps if you can find an outgoing or past steward to mentor you," says Lolua. "Talk to anyone who's done it before – we have fun, we learn and laugh a lot – that's the best way to learn."

Scholarships available

In addition to courses offered directly to members, HSA's financial aid and awards policy provides 10 scholarships and 20 bursaries of $1000 each for HSA members and their children.

The Education Committee has the difficult task of choosing the winners from the hundreds of applications received each year. In response to a 2008 convention resolution, the Education Committee has revised the scoring criteria used to choose award winners.

Beginning in 2009, applicants will be asked to include a Statement of Interest essay (250 word maximum), which will be ranked by assigning points to reflect effort and achievement. New in 2009 is the requirement to include an essay on the value of unions (250 word maximum) which will be scored by assigning points to reflect intellectual content (factual, original, thought-provoking), presentation and style.

For scholarship applicants, scholastic merit is scored by assigning points from the applicant's top five courses.

HSA also awards two Aboriginal scholarship for Aboriginal Canadians who are students in HSA-related post-secondary fields. If you know of anyone who meets these criteria, please encourage them to apply.

Applications for all awards are accepted in January each year, and are posted on the website in November. Please ensure that applications are complete and received at the HSA office by the deadline (usually near the end of February each year).

Continued next page

YUKIE KURAHASHI PHOTO

HSA's education officer Leila Lolua encourages lively participation in an inclusive, inspiring learning environment: "Dynamic, positive, energized presentations and leading of discussions," according to one workshop participant.

Continued from previous page

Union workshops available

If you're thinking about getting active – or more active – in HSA, here's a list of courses that HSA offers, along with several that are funded by the union, but offered by other labour organizations:

HSA courses

- Basic Steward Training
- Basic Occupational Health and Safety Training
- Supervisors in the Union
- Constituency Liaison Workshop (Designed to assist members who want to lobby their local Member of the Legislative Assembly or Member of Parliament)
- Contract Interpretation (Generally offered in conjunction with regional meetings and convention – topics based on input from stewards and labour relations officers)
- Labour Council Delegate Workshop (Role and structure of labour councils, the role of HSA labour council delegates, issues that may be dealt with at your labour council)

Offered through other organizations

- BC Federation of Labour Regional Women's Conference
- BC Federation of Labour Summer Institute for Union Women
- Canadian Labour Congress Winter School
- Canadian Women Voters' Congress Women's Campaign School R

YUKIE KURAHASHI PHOTO

Sharing information, strategies and experiences helps stewards become more effective advocates for colleagues. "I really like the friendly open discussions and suggestions on how to deal with different situations," said one participant.

UPCOMING EVENTS

Committee encourages awareness

HSA's Committee on Equality and Social Action encourages awareness of these upcoming dates and events.

November 8 to 11
Remembrance Day teach-in: Ninety Years After *The War to End All Wars,* Maritime Labour Centre, Vancouver
www.worldpeaceforumbc.ca

November 20
National Child Day
www.cccabc.bc.ca

November 25 to December 10
Sixteen days of action to end violence against women, including

- November 25, International Day to End Violence Against Women
- December 6, National Day of Remembrance and Action on Violence Against Women
- December 10, Human Rights Day
  www.wecanbc.ca

December 1
World AIDS Day
www.uoguelph.ca/president/masai/index.html

December 3
International Day of Disabled Persons
www.bccpd.bc.ca

HSA joins the National Union of Public and General Employees in celebrating the importance of community social service workers.

APPRECIATION DAY NOVEMBER 6

Celebrating community social service workers

The National Union of Public and General Employees (NUPGE) will observe November 6 as the first annual Community Social Service Workers Appreciation Day in Canada.

The union is urging everyone to mark the occasion by taking time to appreciate the contribution these workers make to strengthen communities across the country.

The idea for the day, which will be celebrated annually, originated at a 2007 spring conference of community social service workers.

The day of recognition was envisaged to focus attention on the importance of the sector to the well-being of the country and to acknowledge the contributions that these workers make.

"These members work hard to provide services that ensure a decent standard of living for some of the most vulnerable people in our communities," says NUPGE president James Clancy. "The work they do is critical but it often goes unrecognized."

To support workplaces participating in the day of recognition, the National Union has created a tool kit that includes ideas for local events, a draft municipal resolution to acknowledge the day, a colourful poster, information leaflets for local distribution and more. For all of these resources, visit cssworkerscare.ca.

The union is also adding a postcard campaign to complement events associated with November 6 and to address the issue of dwindling funding for the sector and its spin-off effects on communities.

In October, all HSA stewards in community social services facilities received a tool kit and postcards to support efforts to promote the appreciation day.

"These workers have struggled with frequent government restructuring, underfunding, low wages and job insecurity, rising incidents of violence and a growing presence of for-profit providers," Clancy says.

"Be sure to visit our web site. You can help by sharing your experiences in this vital sector." R

A five-point approach to effective interdisciplinary teams

by MAUREEN ASHFIELD

In the last issue of *The Report,* I argued that the discord among the disciplines (some would call it mistrust or resentment) that appears each year at our HSA convention is a legacy of health care contracts imposed by the Liberal government in 2001, combined with the implementation of program management by Health Authorities at most of our worksites.

Maureen Ashfield is the program leader for an interdisciplinary team

This is the second of a two-part series examining interdisciplinary teams. See part one in the previous issue of *The Report* magazine online at: www.hsabc.org

HSA, with other unions, fought back with legal challenges to the government's actions: the violation of collective bargaining rights offered the obvious opportunity to take them to court.

Healing the divisions in our union resulting from the creation of Schedules A and B was a central theme at the last bargaining convention.

And in the contract negotiations that followed in 2006, some gains were made towards eliminating the inequity created by separate pay scales.

Program management: good theory, faulty implementation

It is the other topic – the impact of program management on our working relationships – that is my primary focus of these two articles. Responding to program management and the way in which it was implemented is not as obvious as initiating a legal challenge.

The response requires direct involvement by front line workers at their work sites, since unlike the imposed contract, program management can be difficult to challenge with grievances, arbitrations and other legal action. In this second article, my goal is to offer ways to counter the effects of program management *as it was implemented.*

We need to get out from under the burden of the tension that exists among HSA brothers and sisters, which also affects our relationships with our colleagues.

Solutions exist within the theory

It was at convention last year, feeling the tension in the room, that a paradoxical thought occurred to me: perhaps program management is actually the way to go.

In theory, within program management itself are the arguments we are looking for to refute the way in which our disciplines have been treated even as program management

has been introduced to our worksites.

Here is my argument: at the heart of program management is the delivery of health care by interdisciplinary teams. Interdisciplinary teams are supposed to provide better health care to clients and patients because of the range of perspectives brought to the assessment and treatment of patients.

At its best, program management should result in teams made up of health care professionals who share a common specialty and a common goal.

For example, mental health teams might include nurses, social workers, psychologists, occupational therapists, pharmacists and others, all of whom are highly skilled in their own profession and yet all focused and collaborating with each other to develop a response to clients struggling with poor mental health.

Or another example: teams on the orthopaedic ward made up of professionals from a variety of disciplines who have developed their skills in that specialized area in order to create healing and rehabilitation for their patients with broken bones and the like.

The intentional formation of interdisciplinary teams should improve communication and collaboration among team members to the benefit of our clients and patients.

They should not result in turf wars, or the devaluing of a discipline and its associated skills, or in decreased respect for our colleagues.

Current experiences

Reports from HSA colleagues indicate that program management all too often created the latter scenario. My suggestion is that when we investigate the basic characteristics of program management (and interdisciplinary teams), it becomes clear that this is the information we require to push back against the erosion and discontent that has happened at our work sites, and to hold health care policy makers to their own stated standards and goals.

The stories of many HSA members suggest that the most basic aspects of creating and developing interdisciplinary teams did not happen; the implementation of program management put obstacles in the way of our ability to do our work, and contributed to the disharmony that exists among health care professionals.

In the points that follow, I outline some of the basic characteristics of interdisciplinary teams and what makes them effective. These ideas are based on research and my own experience of working on interdisciplinary teams and observing what works and what doesn't.

Implemented properly, interdisciplinary teams should not result in turf wars, or the devaluing of a discipline and its associated skills, or in decreased respect for our colleagues.

Hopefully, these ideas will give you more ways to respond to the negative results of poorly-implemented program management schemes in your worksite.

My hope is that we begin to see how that "nurse, occupational therapist, social worker, or fill in the blank with any health care profes-

Continued next page

Continued from previous page

Interdisciplinary teams

sional" is not intentionally out to get our jobs or undervalue us.

Moving forward

Many of us were caught up in changes to organizational structure that emphasized cost-savings over collaboration. The changes could have been revolutionary – they might have allowed collaboration among professionals who want to provide excellence in health care. I hope we can move past blame and begin talking to each other about pushing for solutions that allow us to work together.

Effective interdisciplinary teams allow for disagreements among team members and support a culture of openness to explore the causes and factors affecting a client's medical condition and possible interventions.

We can do that by working to implement the following five successful factors of successful inter-disciplinary teams:

1. Shared, changing and dynamic responsibility and authority

Being a member of an interdisciplinary team does not mean we soften or lose our professional identity. The opposite is true.

In a healthy interdisciplinary setting, each discipline brings a specific skill set and body of knowledge to the assessment and treatment of the patient's medical condition. Each profession contributes their perspective, and is respected because of the unique perspective offered.

As professionals, we are aware of our obligation to the patient. Our sense of obligation as health care providers is based on our commitment to the scope of our practice as defined by our profession.

In fact, depending on the medical challenge presented by the patient, team members may feel an unequal sense of obligation in terms of their duty to respond. The team member whose discipline is identified as having the most useful knowledge and skill set to respond to the challenge essentially has the greatest obligation in terms of responding to the client's needs and should be given greater authority and responsibility in the development of the care plan. And if we believe that, then it is also true that no one profession can ever be assumed to always have the most useful skills and knowledge.

Nor is it true that any one profession should be given exclusive authority and responsibility in a team setting.

2. The valuing of each discipline

To be effective, all members must hold a deep respect for – and recognize the value of – all disciplines represented on the team.

In order for an interdisciplinary team to collaborate effectively, it is imperative that team members acknowledge and trust each other's commitment to their clients. For many of us, our commitment is a matter of pride in the discipline-specific skills we bring to the table. We have something unique to offer. Our commitment and the value of our contributions must be respected by our colleagues.

Respect for team members and individual disciplines is completely undermined when health care policy supports the decision that

What do you think?
Continue the dialogue with a letter to the editor: e-mail yukie@hsabc.org

one profession can simply (and apparently quite easily) take on the obligations and scope of practice of another profession. I would say the idea of program management itself is undermined, and quality health care is undermined, when the unique and essential contributions of each discipline in the health care community are ignored, devalued or transferred to anyone who gets a little extra training.

3. Clear understanding of the scope of practice of each discipline on the team

Strong interdisciplinary teams exist when professional boundaries are clear, understood, and accepted by all members of the team.

In other words, people need to be clear about the scope of practice of all the team members. It is not enough for each team member to have an idea of what they themselves can and cannot reasonably do. It is necessary to know and understand what others can and cannot do, where there might be an overlap in our practice, when it might be appropriate to do things that are usually done by another discipline, and when we clearly do not have the authority or the expertise to do another team member's work.

Effective communication, collaboration and interventions in the best interests of the patient depend on health care professionals knowing what they should be doing and what others should be doing.

4. No room for autocracies

There is no room for an autocratic approach to leadership and decision-making on interdisciplinary teams. On strong interdisciplinary teams, members may contradict each other's assessments in order to find the truth about the client's situation.

At the same time, members gracefully recognize when it is appropriate to defer to others who may have more relevant knowledge and experience. Health care teams in the past were based on an autocratic model. Someone at the top knows best and has been given the authority to back it up.

When program management was initially introduced, I felt it held out a tantalizing possibility – the possibility that experts (i.e. you and me) from a variety of disciplines could actually work together in creative new ways to improve patient care.

Professionals need ongoing support to remain on the leading edge of practice in their discipline. The maintenance of discipline-specific teams and leadership is essential to the health of interdisciplinary teams.

However, many of us transitioned into program management without the recognition of group process, education, or support to help us make the transition. The loss of discipline-specific departments where leadership was centred in the chief paramedical, combined with placement onto interdisciplinary teams with leaders who rarely if ever came with a health science professional background, was difficult. This challenged our discipline-specific requirements for supervision and eroded career ladders for many health professionals.

We fell back into what was known: we assumed we were in an autocracy, only now we were in a state of conflict because the autocrat was not within our discipline.

For program management to be successful, leadership roles and responsibilities, discipline requirements, and the dynamics of group interaction need to be addressed.

The implications of having a team leader –

Continued next page

Continued from previous page

Interdisciplinary teams

who cannot possibly be a clinical leader for all disciplines – must be addressed. Otherwise, the actual authority of the leader and respect for the work of colleagues is at risk.

5. Support to ensure team members are strong advocates for their own disciplines

Effective interdisciplinary teams allow for disagreements among team members and support a culture of openness to explore the causes and factors affecting a client's medical condition and possible interventions.

They are effective because different viewpoints are presented, and the richness of those viewpoints is valued. But to attain that richness, each team member needs to be particularly well-grounded in their own discipline. It is essential that individual practitioners maintain their professional development and thus a high degree of clarity about the scope of their own practice.

In the literature, the best interdisciplinary teams are described as those in which the members are strong advocates for their discipline and are well versed in their own professional standards.

"Interdisciplinary" does not mean interchangeable sameness: quite the opposite. Professionals need ongoing support to remain on the leading edge of practice in their discipline. The effect of dismantling departments and easing out the chiefs with the introduction of program management effectively created a situation in which health science professionals lost the person most able to assist them in their professional development, as well as the reference group to keep them on top of their field. The maintenance of discipline-specific teams and leadership is essential to the health of interdisciplinary teams.

Inviting discussion

I hope this article will help you analyze your worksite and determine the impact of program management where you work. I also hope that you can use this information to open discussion with your colleagues.

My most ardent hope is that if we can create teams on which our disciplines are respected and supported, if we can do something concrete to undo the impact of a poorly-implemented policy of program management, then we will be able to instill trust and stop blaming one another. R

Maureen Ashfield, a long-term care case manager, is the program leader for an interdisciplinary team at North Shore Health / Community Health Services. See letters responding to part one of this two-part series on pages 28-29.

Continued from page 7

New faces at HSA

Jim Jobe: labour relations officer, WCB benefits advocate

Jim Jobe

Jim began working with HSA as a relief labour relations officer in April 2008, and continued that work until September 1. From September 1 – October 3, Jim took on a term position as a benefits advocate. Jim brings ten years' experience as a worker's advisor for the Ministry of Citizens Services and Labour. In that position, Jim represented injured workers and their dependents on WCB appeals.

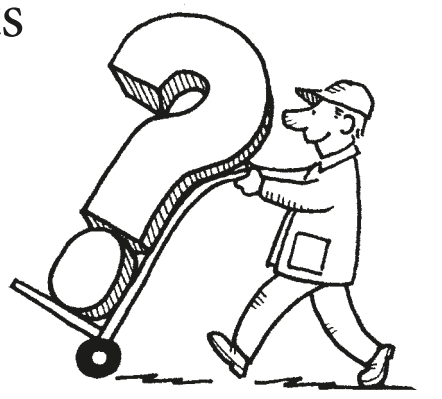
Bev Pausche: communications officer

Bev Pausche

Bev is filling in for one of our communications officers from July through December 2008. She began her career as a labour communicator right here at HSA and worked for the union from 1989-1994 in administrative, technical and communications roles. She has since worked for the Canadian Centre for Policy Alternatives, the Canadian Union of Postal Workers, the BC Federation of Labour and Vancouver Community College. R

CONTRACT INTERPRETATION

It's your right: questions and answers about your collective agreement rights



Q What are the general guidelines you recommend for scheduling vacations? What happens if my vacation gets cancelled because of staff shortages?

A As vacation scheduling can be a very sensitive issue, both members and union stewards should be pro-active and be aware of deadlines for vacation requests and approvals. Ask for notification of these deadlines in writing, as well as who is responsible for making both the initial and final decisions about vacation scheduling.

For members covered by the Health Science Professionals Agreement, vacations must be scheduled on the basis of seniority in accordance with the provisions of Article 23.09.

Every member is entitled to two weeks off during the summer months, which are defined as June to September inclusive, and may take vacation at any time during the calendar year. Members cannot "carry over" vacation from one calendar year to the next, unless this has been mutually agreed between the member and the employer.

Most departments set a deadline for submitting vacation requests. There may be several "rounds" of vacation selection, each one granted on the basis of seniority.

Any employer policy on vacation scheduling must be clear, reasonable and applied consistently, including the application of deadlines.

An example of an unreasonable policy would be if only one member was allowed off at a time, even if casuals are available. Supervisors should be encouraged to develop the vacation policy in consultation with affected members.

The vacation scheduling policy should include a deadline for the employer to tell members that their vacation has been approved.

Any rescheduling must be approved by the employer. Changing a scheduled vacation can have a domino effect on other union members and create bitterness and resentment if not done with sensitivity. Once vacations have been approved, a member cannot use their seniority to change their first choice of vacation. It is useful if the member who wants a change can work with other union members to come up with a plan that works for everyone.

An employer can cancel a scheduled vacation but must have a strong argument for doing so.

If vacation must be cancelled, the employer must do so in the reverse order of seniority, and cannot treat members in an arbitrary or discriminatory manner. Members should be compensated for any resulting financial loss, such as flight cancellation costs.

If a member's vacation is cancelled, she should be paid overtime at double time rates for working on a scheduled day off (Article 25.03 (b) (3)).

Similar provisions apply for HSA members covered by the Nurses', Community Social Services, or other contracts. See your contract for specific details, and consult your steward if you have any questions. R

This column is designed to help members use their collective agreement to assert or defend their rights and working conditions. Please feel free to send your questions to the editor, by fax, mail, or email yukie@hsabc.org. Don't forget to include a telephone number where you can be reached during the day.

CALM GRAPHICS

LETTERS

THE REPORT WELCOMES YOUR LETTERS. PLEASE KEEP THEM BRIEF AND TO THE POINT: ABOUT 200 WORDS, IF POSSIBLE. PLEASE TYPE THEM.

Health science professionals deserve respect

I read with interest Maureen Ashfield's article about the cause of problems and possible solutions to program management (*The Report,* August / September 2008). I have no problem with interdisciplinary teams if that is what they really are.

For 15 years I have watched HSA take the high road and show professionalism as all the restructuring and downsizing took place in health care. The high road has not taken us far and the frustration and anger is not going away. I believe that HEABC views our union as a peaceful non-entity.

Tell me why it is OK for nurses to be "trained" in non-nursing disciplines, but laughable if it is the other way around? No one would even consider suggesting that the lab start putting in IVs, but it is OK for nursing staff to be considered for procedures they are not trained to do.

Recently, the government announced EMT techs would be working in emergency to help alleviate some of the ER nursing shortages. They were quick to say that these techs would in no way be replacing nurses, but working under the direction of nurses, who could then turn their attention to important issues.

Again, if the roles were reversed, nurses would ensure supervision was within nursing. That was certainly the case with point of care testing, where nursing would not work with the lab or under the direction of the lab. Where is that interdisciplinary team approach?

The government also said nurses should be given minimal training in ultrasound. Why this is acceptable is beyond me.

In her article, Maureen wants us to take the high road again and discuss the impact of politics and health care policies with colleagues and managers. The Ministry of Health put many nurses into management and administrative positions. Wouldn't our cooperation look good to those who made that decision? It would send the message that they made the right decision by putting nurses in charge: "See how they are able to bring all the disciplines together to work as a team?"

Sorry, I cannot take the high road any longer. When I see the Ministry of Health, physicians and nurses begin to recognize and give HSA professional credit and when the playing field is level, only then will I consider a change in attitude. The ministry will also have to stop trying to divide HSA with A and B wage schedules and recognize all our professions as integral to quality patient care.

The phrase "doctors, nurses and allied health" makes me angry. That language alone tells me what they think of HSA: they are the professionals, we are the service people.

I have said many times, "it takes a team of professionals to look after a patient." Too bad some doctors, nurses and the

What do you think?

Read the second of Maureen Ashfield's two-part analysis of interdisciplinary teams in this issue of *The Report* on page 22. You can read part one on-line at www.hsabc.org. Continue the dialogue with a letter to the editor: e-mail yukie@hsabc.org

LETTERS

THE REPORT WELCOMES YOUR LETTERS. PLEASE KEEP THEM BRIEF AND TO THE POINT: ABOUT 200 WORDS, IF POSSIBLE. PLEASE TYPE THEM.

Ministry of Health don't get it. I'd like to see them function without "allied health."

S. Walsh, medical laboratory technologist
R.W. Large Memorial Hospital

Industry vendors adding to woes

Thank you for the excellent part 1 on program management and the frustrations around dealing with nursing in leadership roles (*The Report,* August / September 2008). It was a reassuring reminder that I am not alone and many others feel the same way.

But there is another group that threatens and devalues HSA professionals as well and that is the company vendor or rep. In my area of cardiovascular technology, pacers, ICDs, and electrophysiology studies/ablations and technological advances continue non-stop. Workload increases rapidly.

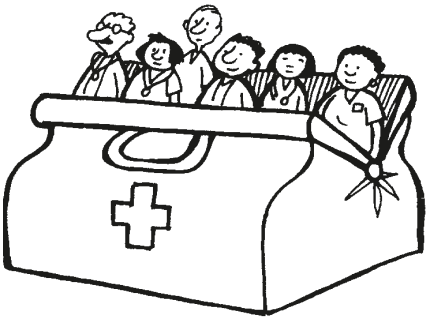
At the same time, right across the province, HSA employees continue to be recruited by industry vendors. These newly trained industry personnel then turn around and return to the clinical environment to "help" when in actuality they devalue our work, reduce our numbers, diminish our ability to keep pace with changing technology and actually limit our access to discipline specific clinical training and education.

I believe this has happened only because, as you say in the article, "chief paramedical positions were eliminated, removing much-needed experience and leadership." Nurse management and leaders have consistently demonstrated inability or unwillingness to deal with non-contract, non-employed personnel in the workplace, carrying out clinical roles previously done by HSA members.

R. Gunn, cardiovascular technologist supervisor
Royal Jubilee Hospital

Analysis of interdisciplinary team conflict appreciated

It was a pleasure to read Maureen Ashfield's analysis of interdisciplinary team conflict as rooted in underlying systemic ideology (*The Report,* August / September 2008). The critique she offers explains that the program management formula was introduced without sufficient critical analysis, then she purports the potential for successful interprofessional team practice given respect and appreciation for the core competencies and scope of practice specific to each discipline.



That is the crux and, in my opinion, where the Ministry of Health, employers, management, our nursing and physician colleagues and ourselves need to be educated. Misunderstandings create competition and conflict while collaboration is born out of understanding and honouring the other perspective.

I look forward to Maureen's next article anticipating she will continue to speak intelligently to how discipline specific contributions enhance care and outcomes for our primary consideration, the patient/client, as well as enhances the potential functioning of team process with benefits for the professional development of ourselves and our colleagues, actually in accordance with the goals of the programs and organizations that we serve.

It is essential that we are able to articulate our unique contributions because utilizing resources appropriately creates the synergy to develop best practices with benefits for everyone.

I appreciate that *The Report* has created space for this important dialogue.

Bobbi Preston,
social worker
Fraser Canyon Hospital

RISING POVERTY IN BC

Calling for better policies to end family poverty

by YUKIE KURAHASHI

A battered woman who can't afford rent. A dialysis patient whose wounds don't heal because she can't afford proper food. Every day, HSA members see the effects of poverty.

In their daily work with patients and clients, HSA members are familiar with poverty. As the Dietitians of Canada recognized in a 2006 study, the poor are unable to afford fresh fruit, vegetables, or dairy products, resulting in inadequate nutrition. This included the working poor, living on full-time minimum wage income that still put them far below the poverty line. Poor nutrition, however, is just one small aspect of the effect of poverty.

"That means I can buy vegetables"

Brigid Kemp works with older women fleeing abusive homes, usually into a life of grinding poverty. "Poverty and chronic health problems always go hand-in-hand in my work," she said of her work with older women at South Okanagan Women In Need Society (SOWINS).

In a recent example, a woman with a monthly income of $885 was paying $630 for rent. "Having left her abusive husband two years ago, she still relied on his help for things such as transportation and a phone," Kemp said.

"She's one of the fortunate ones, who, after waiting for two years, recently moved into a rent-geared-to-income apartment. SOWINS has its own thrift shop, WINGS (Women In Need Gaining Strength) and we frequently supply women with start up household supplies," she said.

"I got this woman a phone, so she could answer her intercom. When she realized that her rent would be $275, she said 'that means that I can buy fresh vegetables.'"

Sadly, Kemp has many clients who can't afford the basics.

"An older woman was discharged from hospital this spring," she said. "I was told the hospital couldn't have her taking up a medical bed any longer, although this woman has been in hospital for the past year as medical staff repaired the intestinal damage inflicted by her abuser.

"She has more surgery waiting in the wings," she said. "I visited her in her apartment the day after she was discharged, unable to stand upright, with a catheter around her middle and unable to go downstairs for the hot meal that's part of the seniors' supportive housing program.

"Her bed was a blanket on the floor and she had no phone, should she need medical help," Kemp added. "We lent her a cell phone as a temporary measure, and the transition house housekeeper had a bed and other furniture set up in her apartment the next day."

Continued next page

A ground-breaking study that for two years followed British Columbians living on welfare paints a disturbing picture of how people are forced to make ends meet under new welfare rules and low rates.

YUKIE KURAHASHI PHOTO

Brigid Kemp works with older women fleeing abusive homes

Continued from previous page

But that's not the end of the story. "Down the hallway lives a new client, who's 65 and who was also sleeping on the floor, until we were able to give her a bed that was donated to SOWINS," Kemp said, clearly angered.

Misplaced priorities cost more than social programs

Jim Kelly also helps his clients face a steep uphill climb, often made increasingly difficult by poverty and the exclusionary policies of BC's current social assistance system.

"As the addictions counsellor in the withdrawal management unit at Chilliwack Hospital, I interact with people who are homeless – or in need of social support on a regular basis," he said.

"The dilemma is that what one is able to afford for shelter places the individual in an environment that keeps them in that place of shame and falling back on their addiction as a coping mechanism.

"People come into the withdrawal management unit as they realize they need to make a change in their life and they want to stop the 'roller coaster' ride that is part of addictions," he said.

"Part of my job is talking with people who are addicted to various substances and having them recognize the impact their addiction – sometimes multiple – is having on their life.

"In some cases, this can mean the people are homeless and have no place to go – other than the street."

Kelly is frustrated that clients with a sincere desire for treatment are often forced to go back to the environments that inevitably result in relapse or worse.

"They don't like having to make that choice to go to the street – and yet some of them have no other alternative. And we in the withdrawal management unit cannot keep them, as there is nothing available in the community to assist them." he said.

Incarceration or hospitalization costs exponentially more than the social supports that Kelly sees are needed.

YUKIE KURAHASHI PHOTO

Jim Kelly, an addictions counsellor at Chilliwack General Hospital, says providing low cost, affordable housing in all regions of the province is necessary to combat addiction and homelessness in BC.

Study finds poverty increasing in BC

A ground-breaking study that for two years followed British Columbians living on welfare paints a disturbing picture of how people are forced to make ends meet under new welfare rules and low rates.

The study was released in late April by the Canadian Centre for Policy Alternatives and the Raise the Rates Coalition, as part of the Economic Security Project, a joint CCPA-Simon Fraser University initiative. Delegates to HSA's convention in April got a preview of the study from

CCPA's Seth Klein. Kemp and Kelly were among many delegates who lined up at the microphone to thank Klein for this report.

Below the poverty line: real lives

Living on Welfare in BC: *Experiences of Longer-Term "Expected to Work" Recipients* followed 62 people from Vancouver, Victoria and Kelowna. Among the key findings:

• Much of day-to-day life on welfare is about survival – a constant and frequently unsuccessful struggle to look after basic needs for food, shelter, health and personal safety – making the task of seeking employment hugely difficult if not impossible for many.

• The study establishes an important connection between welfare rules and homelessness. Throughout the study, almost one third of participants reported having no fixed address at some point in the previous six months.

• Welfare benefits are too low. What emerges is a welfare system that is structurally dependent on food banks and other charities in order for people to meet basic needs.

• Far too many people are being cut off of welfare, almost always inappropriately. Seven people in this study were cut off assistance at some point during the two years. Yet none were in fact job-ready, and all struggled with serious addiction and health issues. Once cut off, all lived on virtually no income, were homeless, and most resorted to illegal activities. Cutting these people off is not helping them or society at large.

• Many people remain inappropriately categorized in the basic "Expected to Work" welfare category for far too long. Many of those in the study were ultimately re-categorized with Person with a Disability (PWD) status or as having other barriers to employment. The good news: these people receive slightly higher benefits. The tragedy is that it took so long for people to be re-categorized – minimally two years, and frequently much longer.

• A disturbing number of women in the study either returned to or remained in abusive relationships or engaged in prostitution to make ends meet.

• Only a small fraction of the participants in this study left poverty. Those who remain on assistance remain very poor, even if re-categorized. Those forced off even more so. And while those who shifted from income assistance to the labour market were better off, most are still below the poverty line.

Once cut off welfare, all [study participants] lived on virtually no income, were homeless, and most resorted to illegal activities. Cutting these people off is not helping them or society at large.

"We focused on people who had been on social assistance for an extended time and who were officially categorized as 'employable.' We looked at how they experience the new, tougher work-obligation rules and the hardships they experience," said professor Jane Pulkingham, Chair of Sociology and Anthropology at SFU, and co-author of the study.

"This study included many people who never get covered by other studies. As a result, it reveals important new insights about many of society's most marginalized members," says Seth Klein,

Continued next page

Continued from previous page

report co-author and director of the CCPA-BC Office.

By following participants for two years, the study was able to compare the experiences of those who stayed on welfare, those who left voluntarily, and those who were cut off of assistance. Students from Simon Fraser University, University of Victoria, and UBC-Okanagan stayed in touch with participants every month, and conducted interviews every six months, over the study period.

"The provincial government likes to say declining welfare caseloads is purely a good news story, but it has never done adequate studies that would allow it to make such claims.

Ending poverty

"The government likes to say declining welfare caseloads is purely a good news story, but it has never done adequate studies that would allow it to make such claims," Klein said. "So we decided to delve deeper. We wanted to learn more about why people leave assistance, and what happens after they leave."

Among this study's policy recommendations are the following:

- Welfare benefit rates must be significantly increased and indexed to inflation.

- The government must make a commitment to categorize welfare clients appropriately, and in a timely manner.

- The regulations and administrative practices that permit people being cut off, even temporarily, must be revisited – they are too arbitrary, are applied inappropriately, and cause unacceptable hardship and harm.

- More meaningful supports must be provided. If more people are to move from welfare to work, they must be provided with housing, help with addiction and health problems, and a level of individualized education and employment supports that can make this possible.

"We urge the provincial government to change its overarching goals, away from a narrow focus on welfare caseload reduction, and move instead to the broader goals of poverty reduction and elimination, and health promotion," Pulkingham said.

What's a "living wage"?

Many British Columbians working full time are still struggling far below the poverty line.

The CCPA released a further study in late September, entitled Working for a Living Wage: Ensuring Paid Work Meets Basic Family Needs in Vancouver and Victoria – 2008. This study calls on major public and private sector employers to pay a living wage that would lift low-income families out of poverty and severe financial stress. A living wage allows lower-income families to avoid having to make impossible choices, such as whether to buy food or heat the house, feed the children or pay the rent.

The living wage calculation includes basic expenses for a two-earner family with two young

Related: see Rachel Tutte's column on page 42 on the Living Wage Campaign, and the BC Federation of Labour's minimum wage campaign at www.bcfed.com.

children (such as housing, childcare, food and transportation), and government taxes, credits, deductions and subsidies. It finds that each parent would need to work full-time at an hourly wage of $16.74 in Metro Vancouver and $16.39 in Greater Victoria in order to pay for necessities, support the healthy development of their children and participate in the social and civil life of their communities.

This study is a joint project of the Canadian Centre for Policy Alternatives, First Call: BC Child and Youth Advocacy Coalition, and the Community Social Planning Council of Greater Victoria (as part of the CCPA/Simon Fraser University Economic Security Project).

"With Statistics Canada data showing that BC has had the highest level of child poverty in Canada for the last five years, it's clear that not everyone is benefiting from BC's economy," said Adrienne Montani, Provincial Coordinator of First Call. "And child poverty is very much about low wages - more than half of BC's poor children live in families where at least one person has a full-time, full-year job."

"The living wage is different from the minimum wage, which is the legislated minimum set by the provincial government," explained Seth Klein. "The living wage calls on employers to meet a higher standard for both their direct staff and major contractors - it reflects what people need to support their families, based on the actual costs of living in a specific community."

The living wage, as defined in this study, is conservative and modest. It does not allow for a family to own their own home, manage a serious family emergency, pay debts, save for retirement or their children's education.

Deborah Littman, study co-author, has worked extensively with London Citizens, a UK group that has successfully lobbied a number of major public and private employers to adopt the living wage. "These employers see the benefits of a living wage," she said. "It means less employee turnover, lower absenteeism, improved morale and higher productivity. It also means being able to market themselves as living wage employers - a distinction that is rapidly gaining currency in the UK."

Although the living wage is not a call for legislation, the study doesn't let governments off the hook.

"Governments can reduce wage pressures on employers by enhancing the child tax credit for low-income families, bringing in universal child care, reducing public transit costs and increasing affordable housing," said Klein.

A disturbing number of women in the study either returned to or remained in abusive relationships or engaged in prostitution to make ends meet.

"Right now, many government supports designed to assist low-income families are out of reach to working parents because the thresholds are too low. Employers who would find the living wage challenging should urge governments to strengthen the public services and supports that enhance our economic security." R

Both CCPA studies on poverty and the living wage can be downloaded at www.policyalternatives.ca. The site also features a a living wage calculation guide for other communities.

SPECIAL MUNICIPAL ELECTION INSERT

BC Health Coalition

What does the municipal election have to do with health care?

Federal and provincial governments have cut funding for health services, leaving municipalities to either find the funding to continue local programs or see their communities lose these vital services. These cuts cause great stress and strain on local communities, and their limited municipal programs. Funding reductions include cutting funding for women's centres, and cutting mental health and other community health programs. Governments have also refused to provide sufficient funding for critical needs such as social housing.

At the same time, individuals and corporations that view health care as an almost limitless source of profit are exerting tremendous pressure to expand private, for-profit health care throughout the province.

Municipal officials have a duty to speak out against health cuts and to demand adequate funding of our public health care system in every community. Your municipal officials can:

Promote Positive, Public Solutions for Health Care

Municipalities can use their zoning powers and public outreach processes to foster the development of public, not-for-profit health care instead of private for-profit facilities. Private-for-profit surgical clinics, long-term care facilities, and public-private-partnership (P3) hospitals and other facilities all generally require zoning changes before they can be built. Often, P3 projects hide information from the public to protect corporate interests. Municipalities can facilitate open public consultations and discussions.

Demand Health Care for Seniors and the Disabled

The provincial government has promised to build 5000 new long-term care beds for seniors and the disabled. Your municipal government can demand fair distribution of not-for-profit long-term care beds and insist that elders and the disabled be cared for in their own communities.

Municipal officials can also demand restoration of adequate funding for home support services that allow people with disabilities and the elderly to live with dignity in their own homes.

Protect Public Health Care

Municipal officials can play a role in protecting health services in their community. For example, in 2007, 28 municipalities passed a resolution in favour of improving home support services that was brought to the Union of BC Municipalities (UBCM) annual general meeting. Municipal officials have a responsibility to lobby hard to make sure that health care is adequately funded based on the size and specific needs of their communities and to ensure that their constituents receive the care that they need.

Reduce Poverty in Your Community

Health and poverty are clearly linked. Municipalities can work to reduce poverty by lobbying for additional funding for housing, preventing conversion of low-cost housing into expensive housing and supporting the harm reduction model—such as Vancouver's InSite facility— in addressing addictions. Municipalities can also play an important role in providing/demanding funding for groups (such as women's centres and other organizations) that work to reduce poverty and provide services to low income communities. Losing health care jobs and slashing wages of health care workers can seriously impact the economy of small communities.

Supporting positive, public solutions to make Medicare stronger in British Columbia

www.bchealthcoalition.ca

Elect Public Health Care Defenders! A Municipal Public Health Care Defender Will....

1) Speak out vigorously against the privatization of health care in your community

2) Fight to keep and improve local public health services

3) Advocate for open, accountable, and transparent public processes with respect to your community's health services

4) Demand sufficient funding for local home support services

5) Demand fair distribution of not-for-profit, long term care beds throughout the Province

6) Stand up for fair wages and benefits for health care workers in your community

7) Improve the overall health of your community by proposing and supporting changes that reduce poverty

We can afford public health care and we can afford to act on positive, public solutions that will improve Medicare.

Our ongoing priorities:

- Educating and mobilizing the public in support of public health care
- Campaigns that support seniors, home support and long-term care
- Stopping the privatization of health care delivery (with P3s and private clinics)
- Advocating for public solutions to the challenges our health care system faces

Action Tools & Ideas

These action tools are available from the BC Health Coalition:

Candidate Pledges

Ask candidates to pledge to be a "public health care defender". You could write your local paper and tell people which candidates have agreed to be public health care defenders in your community. Be sure to let the BC Health Coalition know who the public health care defenders are in your community because we will be issuing a news release after October 31, 2008.

Candidate pledges can be downloaded from our website.

Questions for Candidates

Download from our website and take to your all candidates' meeting.

"Vote for Public Health Care" Buttons & Pens

Call 604-681-7945 to order.

Fact Sheets

The BC Health Coalition has a range of fact sheets on various health care issues – check out our website for more information.

BCHC Health Care P3 Brief for Municipal Politicians

Download from our website or call

604-681-7945 to order.

BC Health Coalition

4th Floor, 411 Dunsmuir Street, Vancouver, BC V6B 1X4 ● info@bchealthcoalition.ca ● phone: 604.681.7945 ● fax: 604.681.7947

Supporting positive, public solutions to make Medicare stronger in British Columbia

www.bchealthcoalition.ca

MEMBER PROFILE

Sharing skills, saving lives

by LAURA BUSHEIKIN

In Uganda, there are no biomedical engineers. When medical equipment breaks, it is often just shoved into a storage room. Sometimes, even new, perfectly functioning medical equipment, donated by a well-meaning NGO or foreign government wanting to help this country recover from years of brutal dictatorship and repression, just sits, gathering dust, because no one knows how to use it.

"They have lots and lots of graveyards of equipment!" says HSA member Tina Mirembe, a biomedical engineer at Richmond General Hospital.

But now, thanks in part to Mirembe, some of those graveyards are smaller, the 'dead' equipment brought back to life.

Last February, Mirembe flew from Vancouver to Kampala, Uganda, her two-month-old baby in her arms, to volunteer her considerable skills as part of the Rotary Hearing Health Care Program.

Mirembe was born in Uganda. When she was still a child, her mother emigrated to Canada as a refugee. Shortly afterwards, Mirembe was able to join her mother here and was given landed immigrant status.

"If we even saved one patient, it was even more than sufficient. Because if you save one life, you save one world, entire."

During her volunteer trip, Mirembe traveled with a group that included otolaryngologists, critical care nurses, operating room nurses, anesthesiologists, and other biomedical engineers. The team had three weeks in which to help as many patients, pass on as much knowledge, and leave conditions as improved as possible.

The odds against them were formidable: an estimated 7.5 million Ugandans live in abject poverty, lacking access to safe and clean water, and to health and education services. HIV and malaria are widespread. Medical education is severely limited and hospitals lack not only equipment and supplies, but trained personnel.

It was not necessarily the first place a hard-working 29-year-old nursing mother of two – she also has a seven-year-old – would choose to go.

Mirembe, however, was neither depressed nor daunted by what faced her.

"I felt that what we were doing was so important that I didn't have time for those kinds of emotions. The hospital we were working mostly out of provided care free of charge so we were taking care of the poorest people.

"If we even saved one patient, it was even more than sufficient. Because if you save one life, you save one world, entire. We had to keep looking at that," she says.

Justine Mirembe
Biomedical Engineering Technologist
Richmond Hospital

During working hours, Mirembe would meet up on-site in a private hospital room with a nanny she had arranged ahead of time. That way she could easily take breaks to nurse her baby, and then get back to work, fixing one piece of equipment after another, from microscopes to thermometers.

Mirembe came to Canada when she was 12 and feels fully Canadian. She loves her life here, but says it was important for her to be able to go back to Uganda and help.

"There must be a purpose in me being born somewhere else in the world, a reason for it. Maybe it's so I can go back and give what I have learned."

Mirembe's capability, energy and optimism in the face of challenges have served her well in life.

Several years after the family moved to Canada, Mirembe's mother died, leaving her alone and responsible for two younger sisters. With help from the Ministry of Children and Families, she brought up her sisters while finishing first year college and later going on to complete a two-year biomedical engineering diploma program at BCIT. By then she'd given birth to her first child. It was not an easy time.

"Learning to be a biomedical engineer was much harder than I'd anticipated. I did not know much about the technology, and had no background in health. Pretty soon I realized I was really in for it because I had so much to learn. But I absolutely managed it, even though it included failing one of the years so I had to redo it. I was just so determined to finish," she says.

"I feel like whatever happens, you just have to overcome, and keep overcoming. We can't let circumstances limit what we can become and do – we have so much potential. There's a time to grieve, but no time to feel sorry for yourself. There's no way you should use your problems as an excuse to not do things in life. We can always help people," she says.

Helping people is a passion for Mirembe. That's why she loves her job.

"I love the fact that I'm able to help other professionals get their stuff done. You feel like you are a hero! Something doesn't work – and you have a solution. Or a doctor is in the middle of a procedure and the power goes out and you can get it back. You get immediate gratitude!" she says.

Continued next page

Justine Mirembe brought up two younger sisters while completing a biomedical engineering diploma at BCIT.

YUKIE KURAHASHI PHOTO

Continued from previous page

Sharing skills, saving lives

Mirembe plans to return to Uganda again in 2009 for another stint with the Rotary Hearing Health Care Program. "One year is not enough. Follow up is very important. I feel very positive that it's just a matter of time and those guys will definitely get to where they need to go.

"Sure, I missed my pillow; the conditions were not the most comfortable, but it was absolutely, absolutely worth it. I thought I was going over there to give something, but I found I received so much more than I gave."
In particular, the trip made her appreciate working conditions in Canadian hospitals.

"We complain a lot here in Canada – we really do. But we have it so good here."
That doesn't mean, however, that she thinks health care professionals in BC can take a pass on striving to improve their working conditions.

"There are a lot of things we can do to make this system better. We have to make sure we respect the people in our hospitals, that they are given a fair wage. Biomedical engineers have struggled in the last five years; we had the new government come in, had wages slashed, and had to go through lawyers to try to increase them. These are injustices! It means there are people who do not understand our work.

"Patient safety has to come first. That is one thing that we do right, and that is what makes our medical system great, compared to other places in the world. As for everything else – it's an imperfect system but we are still working on it," she says.

Tina Mirembe's hard work and exemplary attitude are proof that there are indeed grounds for optimism – not just here, but in Uganda, as well. R

IN MEMORIAM

Physiotherapist leaves legacy of caring activism

by MIRIAM SOBRINO and YUKIE KURAHASHI

One day, as she lay hospitalized near the end of her life, Jenny Robertson's family gathered around her bed.

She could no longer speak by this time. Typing words into her communications device was a struggle. But with difficulty, she entered: "I LOVE YOU." And pointed to Gary Blechingberg, her partner, and her daughter and son.

That is one of the stories a group of friends who gathered to celebrate her life heard on a sunny September afternoon in the peaceful garden at GF Strong Rehabilitation in Vancouver.

"Part of the gift she gave us was the love she had for her family and friends," Bechingberg told the gathering.

Robertson, a physiotherapist, began working at GF Strong in 1978 in what was then called the "para block," then on the "quad block" and "arthritis block." She was a long-time HSA steward and a member of the union's board of directors.

Robertson's dedication and love of physiotherapy are well known by her colleagues, who were not surprised when she learned what they called "rehab Cantonese" for her Cantonese-speaking patients. And then "rehab Punjabi," followed by "rehab Croatian."

Sarah Rowe, who described herself as having been Robertson's supervisor "since the early '80s," told the gathered crowd: "You knew

YUKIE KURAHASHI PHOTOS

To celebrate Jenny Robertson's life, her friends and colleagues planted a hydrangea bush – her favourite.

that Jenny would work hard for you – whether she was your therapist, and especially as your steward. She was involved and always gave it her all."

HSA President Reid Johnson remembered Robertson as someone who made the most of every day. "Jenny had a spirit; she was a strong and energetic person who inspired others," he said. "On behalf of HSA and the union's board of directors, I am grateful to have known Jenny and the way she made a difference to the life of HSA and her co-workers."

HSA President Reid Johnson remembers Jenny Robertson as an activist who inspired others. Agnes Jackman, who replaced Robertson as Region 4 representative on HSA's board of directors, also took part in celebrating her life.

Agnes Jackman, a physiotherapist at Pearson Rehabilitation Centre who replaced Robertson on the HSA board said, "Jenny's response to two serious medical conditions – breast cancer and ALS – was to get involved," she said. "She was always willing to pitch in. I'll miss her."

Robertson's colleague Maura Whittaker shared her background: "She had a rehab B.Sc. from UBC, worked in rehab at Mt. St. Joseph's, Richmond General, Vancouver General, GF Strong – Jenny was always available to share the load, and especially loved research," she said. "Many, many years ago she assembled a slide presentation on muscle testing, and it was a small but invaluable piece of work that we all used. It was meticulously and carefully produced, and would hold up today in clinical work," she added.

Hilary Cole recalled a conversation with Robertson in which Cole confided about how she had always wanted to explore Africa but was hesitant.

"I was telling her how difficult it was, too hard to keep up with all the things you think you'll do after you come back, and she just looked at me with that look. And she said, 'just go.' So I did. I may never have done that if it weren't for Jenny."

As a memorial to Robertson, colleagues, friends and family planted a hydrangea bush – Roberston's favourite – in the garden. Colleagues are also sponsoring an African child through World Vision Canada. R

Last fall, The Report *interviewed Robertson about living with ALS. See the article online at www.hsabc.org.*

Unions must work together to fight for a living wage

by RACHEL TUTTE

"Hospitals are not as clean as they used to be." "We have such difficulty getting maintenance or unexpected cleaning done now." "The cafeteria hours have been cut and the food is not as good as it was."

These are some of the comments I've been hearing more and more often from my Region 6 colleagues and patients over the last few years. Yet we can see that our kitchen and cleaning team members are working harder than ever.

What's going on?

Our co-workers — who are essential to infection control and patient care — are struggling to support themselves and their families. Wage rollbacks and staffing cutbacks have hit these workers very hard, and the results have been devastating for health care facilities and the workers who provide those services.

Cutbacks and wage loss leads to increased injury and sickness, high turnover, and often the need to work two or three jobs to make ends meet. In the meantime, the private multinational companies who employ them make big profits at taxpayers' expense.

Wage rollbacks and staffing cutbacks have hit our co-workers very hard, and the results have been devastating for workers and health care facilities.

And it's not just our health care system that suffers under these conditions. BC now has the highest child poverty rate in Canada. And despite several robust economic years, only the top 20 per cent of Canadian families (concentrated heavily within the top 10 per cent) are doing better — so much for the "trickle down" theory of economics.

Rachel Tutte
Region 6 Director

A living wage

There is growing support in Canada and in other parts of the developed world for workers to be paid a living wage. In *Fairness at Work? Federal Labour Standards for the 21st Century* – a report commissioned by the government on proposed changes to federal employment standards legislation – commissioner Harry Arthurs made the following comments:

1) Labour standards should ensure that no matter how limited his or her bargaining

power, no worker in the federal jurisdiction is offered, accepts or works under conditions that Canadians would not regard as "decent"
2) No worker should therefore receive a wage that is insufficient to live on
3) be deprived of the payment of wages or benefits to which they are entitled
4) be subject to coercion, discrimination, indignity or unwarranted danger in the workplace
5) or be required to work so many hours that he or she is effectively denied a personal or civic life

A living wage is one that allows workers and their families to live with dignity and security. It is adequate but not affluent. It allows people to maintain a safe and healthy standard of living and promotes social inclusion, healthy child development principles, gender equality, and access to the benefits of social programs such as childcare.

For example, taking into account that the working poor consume fewer servings of vegetables and fruit and purchase fewer dairy products, the Dietitians of Canada recently issued several recommendations to improve health and nutrition for lower income families. One of the key recommendations was raising the minimum wage to "a level such that British Columbians working for minimum wage do not live in poverty."

Currently, the BC division of the Canadian Centre for Policy Alternatives (CCPA) is involved in a project to calculate suitable living wages for both Vancouver and Victoria. They have formed a community coalition that includes labour representatives, academics, community groups, faith groups and professionals to work on the *First Call Living Wage Roundtable*.

Watch for reports on the Vancouver and Victoria living wages, due for release this fall.

While we wait for these reports, HEU – one of our sister unions in health care – has mounted a significant *Living Wage* campaign.

Can you imagine working two full-time jobs and rarely seeing your kids while they are awake? Go to www.heu.org.Living_Wage_Campaign to read about co-workers who are struggling to make a living and provide for their families.

I believe that all unions should work together to fight family poverty. We need to support the *Living Wage Roundtable* and the *Living Wage* campaign so that all adults and children in BC can afford a decent place to live, nutritious food, and a healthy personal life.

With our support, our communities will be healthier, safer places to live and our co-workers will know that we value the important role they play in providing quality health care.

"Because work should lift you out of poverty, not keep you there." R

Rachel Tutte is a physiotherapist at Holy Family Hospital. She represents Region 6 on HSA's board of directors.

Resources

You can find the *Living Wage Roundtable* report and information about the *Living Wage* project at:

www.vdlc.ca/pages/z_downloads/Living%20Wages%20Campaign.doc

www.firstcallbc.org/pdfs/EconomicEquality/3-lwrt%20minutes%20may%2008.pdf

...or Google "First Call Living Wage Campaign."

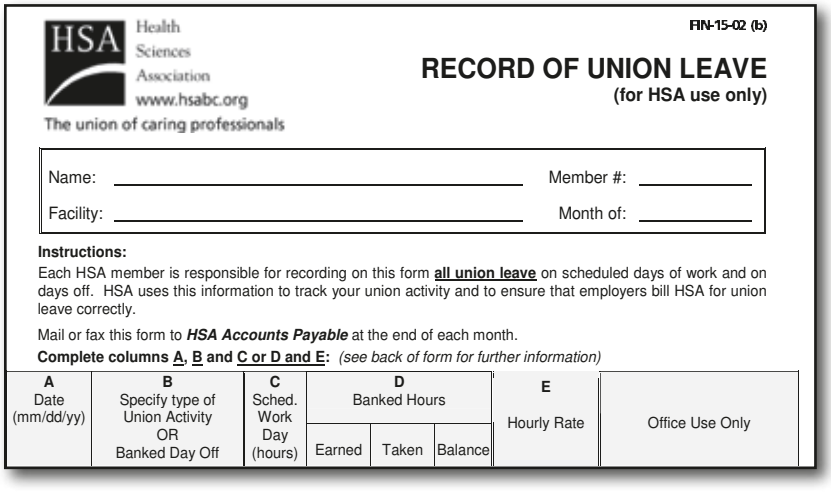
Make sure you're compensated for union activities

by SUSAN HAGLUND

Who or what is "ROUL"? And what does it mean to you? "ROUL" stands for HSA's "Record of Union Leave" and it is the official record of the time and effort you put into approved union activities for which you are eligible to be reimbursed.

Members are compensated for approved union business using the concept of "make whole". This means that the combination of employer-compensated time and the paid union leave does not exceed 7.5 hours or the hours regularly scheduled to work (whichever is greater).

If a member participates in an activity on a regularly scheduled day off, then she or he is compensated for approved union business for actual hours worked to a maximum of 7.5 hours for that day.



HSA Health Sciences Association www.hsabc.org
The union of caring professionals

FIN-15-02 (b)

RECORD OF UNION LEAVE
(for HSA use only)

Name: _____ Member #: _____

Facility: _____ Month of: _____

Instructions:

Each HSA member is responsible for recording on this form **all union leave** on scheduled days of work and on days off. HSA uses this information to track your union activity and to ensure that employers bill HSA for union leave correctly.

Mail or fax this form to ***HSA Accounts Payable*** at the end of each month.

Complete columns A, B and C or D and E: *(see back of form for further information)*

A Date (mm/dd/yy)	B Specify type of Union Activity OR Banked Day Off	C Sched. Work Day (hours)	D Banked Hours			E Hourly Rate	Office Use Only
			Earned	Taken	Balance		

Does this form look familiar?

Whether you're attending an occupational health and safety workshop, travelling to the annual convention or meeting with your local MLA as part of the constituency liaison initiatives, your time is valuable and must be recorded accurately. Members are currently eligible for paid union leave for attending:

- an HSA workshop or conference as an approved participant;
- a labour workshop or conference as an approved HSA participant;
- Regional meetings, where the member is attending as a designated delegate;
- HSA convention where the member is attending as a designated delegate;
- Regional Directors' core activities as a board member;
- HSA committee meetings as a committee member; and
- other events and activities approved by the board of directors.

Significant time and effort are put into maintaining a record of approved union leave in order to ensure that members are reimbursed for these union activities.

Over the past two years, Peggy Lavigueur, HSA's manager of accounting, and Dragana Lalic, database/web programmer designed, developed and implemented a software

application to collect and monitor member-banked time.

Each year, the accounting department performs a review according to the "paid union leave" policy (found on the member-only website), sends out a notice to each member for whom we have a record of banked time owing, and asks members to advise if and when they plan on taking time off to use their banked time.

In a limited number of circumstances when a member is unable to take the owed time off, the Finance Committee may approve a payout of the monies according to policy.

On the surface, sending in this completed form may seem like a minor thing – not necessarily something you should take time to be concerned about. In fact, it is just the opposite. If we do not receive it from you, there is no record of your approved activities for official HSA functions and duties.

The completed ROUL form enables the union's accounting department to reconcile your time against the invoices sent to HSA from your employer for your time. Without the form, it is difficult to verify how accurate your employer's invoices may be or to determine an accurate hourly rate for you.

So the next time you participate in an approved union activity, please be sure to complete and send in your ROUL form promptly. If you regularly participate in a number of union activities, please be sure to submit your ROUL form monthly to keep your banked hours current.

Susan Haglund
Executive Director of Operations

The form is available in the secure steward resources section of the HSA website or you can ask your steward for a copy. The data you submit not only helps you get fair compensation, but also helps the union maintain good fiscal accountability for members' dues. Banked member time is part of HSA's overall financial liability, on which the secretary-treasurer reports annually at convention.

If you ever have any questions about how the ROUL form works, just send an e-mail to plavigueur@hsabc.org. Feedback on any aspect of the entire member-banked time process is always welcome! R

Susan Haglund is HSA's Executive Director of Operations.

HSA BOARD OF DIRECTORS

Board decisions reflect union goals

HSA's board of directors meets regularly to address arising and ongoing issues, and to make policy and governing decisions on behalf of HSA members.

At the September meeting, the union's board of directors heard updates on the work accomplished by staff and board committees over the summer, including the following:

- Work by the union's organizing department, including members who are supporting the campaigns, resulted in the certification by HSA of Burnaby Centre for Mental Health and Addictions Services. Health science professionals voted unanimously in favour of representation by HSA. Several organizing efforts continue.

- The board accepted the Committee for Equality and Social Action recommendation to disburse the 2008 HSA Equality and Social Action Fund – set at .45 per cent of dues – as follows:

  - BC Coalition of People with Disabilities
  - BC Labour Against War
  - Check your Head
  - Coalition of Child Care Advocates of BC
  - CoDevelopment Canada
  - Global Youth Education Network Society
  - Habitat for Humanity
  - Haiti Union Solidarity Fund
  - NUPGE Solidarity Fund
  - Penticton and Area Women's Centre
  - Project Somos
  - South Okanagan Victim Assistance Society
  - Vancouver Committee for Domestic Workers and Caregiver Rights
  - We Can Coalition of BC
  - West Coast LEAF
  - World Peace Forum Society

- With the federal, municipal, and provincial elections all in the offing, the Political Action Committee's recommendations for communication to and support for members to encourage participation in the electoral process were approved. A mailing to members containing information about issues to consider in the federal election was sent in early September. The board was reminded that as federal election financing rules prohibit it, the political action fund to support HSA members as candidates or as campaign workers was not made available.

- Other board committees continue their work, in particular, the Finance Committee will be working throughout the fall months preparing the union's annual budget. R

See inside cover for a list of HSA board representatives and their e-mail addresses.

Health Sciences Association
The union of caring professionals

HSA's Board of Directors is elected by members to run HSA between Annual Conventions. Members should feel free to contact them with any concerns.

President [webpres@hsabc.org]
Reid Johnson, Social Worker
Centre for Ability

Region 1 [REGION01@hsabc.org]
Suzanne Bennett (Vice-President),
Youth Addictions Counsellor,
John Howard Society

Region 2 [REGION02@hsabc.org]
Val Avery, Physiotherapist
Victoria General Hospital

Region 3 [REGION03@hsabc.org]
Bruce MacDonald (Secretary-Treasurer)
Social Worker, Royal Columbian Hospital

Region 4 [REGION04@hsabc.org]
Agnes Jackman, Physiotherapist
George Pearson Rehabilitation Centre

Region 5 [REGION05@hsabc.org]
Kimball Finigan, Radiation Therapist
BC Cancer Agency (Vancouver)

Region 6 [REGION06@hsabc.org]
Rachel Tutte, Physiotherapist
Holy Family Hospital

Region 7 [REGION07@hsabc.org]
Marg Beddis, Dietitian
Surrey Memorial Hospital

Region 8 [REGION08@hsabc.org]
Joan Magee, Laboratory Technologist
Cariboo Memorial Hospital

Region 9 [REGION09@hsabc.org]
Thalia Vesterback,
Ultrasound Technologist
Kootenay Boundary Regional Hospital

Region 10 [REGION10@hsabc.org]
Heather Sapergia, Laboratory Technologist
Prince George Regional Hospital

THE Report

CANADIAN ASSOCIATION CALM OF LABOUR MEDIA

EXECUTIVE DIRECTORS
Maureen Headley, Labour Relations & Legal Services
Susan Haglund, Operations

MANAGING EDITOR
Bev Pausche

EDITOR
Yukie Kurahashi

HSA's BOARD OF DIRECTORS back row from left: Marg Beddis, Thalia Vesterback, Bruce MacDonald, Joan Magee, Val Avery, and Kimball Finigan. front row from left: Heather Sapergia, Rachel Tutte, Suzanne Bennett, Reid Johnson, and Agnes Jackman.

KIM STALLKNECHT PHOTO

www.hsabc.org

Always printed on recycled paper with vegetable-based ink

HSA runs for the cure

PATRICIA SAYER PHOTO

Hundreds of HSA members across BC participated in the Run for the Cure on Sunday, October 5.

HSA is a gold-level sponsor of the Canadian Breast Cancer Foundation's Run for the Cure. Did you get great photos? Send them to jdavis@hsabc.org. See upcoming issue of *The Report* for full coverage.